

A CERTIFIED LIST OF STAFF RECEIVED
FINANCIAL SUPPORT ALONG WITH
THEIR E-COPIES OF SANCTION
LETTERS DURING A.Y.2018-19



INDIAN ASSOCIATION
OF PUBLIC HEALTH DENTISTRY

APSD/SPO14/EC1860
**18 CDE
Points**

23 IAPHD
NATIONAL CONFERENCE

CERTIFICATE OF APPRECIATION

Awarded to

Dr. Akhil

.....
for *actively taking part in the scientific deliberations as a delegate* during the
23rd IAPHD National Conference held from 19th – 21st November 2019.

Dr. Pushpanjali K
President

Dr. R. K. Bali
President Emeritus

Dr. Vamsi Krishna Reddy
Hon. Gen. Secretary

Dr. Sabyasachi Saha
President Elect

Dr. Manjunath P Puranik
Scientific Committee Chair



INDIAN ASSOCIATION
OF PUBLIC HEALTH DENTISTRY

APSD/SPO14/EC1860
**18 CDE
Points**

23 IAPHD
NATIONAL CONFERENCE

CERTIFICATE OF APPRECIATION

Awarded to

Dr. Jacob Prakash

.....
for *actively taking part in the scientific deliberations as a delegate* during the
23rd IAPHD National Conference held from 19th – 21st November 2019.

Dr. Pushpanjali K
President

Dr. R. K. Bali
President Emeritus

Dr. Vamsi Krishna Reddy
Hon. Gen. Secretary

Dr. Sabyasachi Saha
President Elect

Dr. Manjunath P Puranik
Scientific Committee Chair



INDIAN ASSOCIATION
OF PUBLIC HEALTH DENTISTRY

APSD/SPO14/EC1860
**18 CDE
Points**

23 IAPHD
NATIONAL CONFERENCE

CERTIFICATE OF APPRECIATION

Awarded to

Dr. Narayana Rao

.....
for *actively taking part in the scientific deliberations as a delegate* during the
23rd IAPHD National Conference held from 19th – 21st November 2019.

Dr. Pushpanjali K
President

Dr. R. K. Bali
President Emeritus

Dr. Vamsi Krishna Reddy
Hon. Gen. Secretary

Dr. Sabyasachi Saha
President Elect

Dr. Manjunath P Puranik
Scientific Committee Chair



INDIAN ASSOCIATION
OF PUBLIC HEALTH DENTISTRY

APSD/SPO14/EC1860
**18 CDE
Points**

23 IAPHD
NATIONAL CONFERENCE

CERTIFICATE OF APPRECIATION

Awarded to

Dr. Naveen Kumar

.....
for *actively taking part in the scientific deliberations as a delegate* during the
23rd IAPHD National Conference held from 19th – 21st November 2019.

Dr. Pushpanjali K
President

Dr. R. K. Bali
President Emeritus

Dr. Vamsi Krishna Reddy
Hon. Gen. Secretary

Dr. Sabyasachi Saha
President Elect

Dr. Manjunath P Puranik
Scientific Committee Chair



INDIAN ASSOCIATION
OF PUBLIC HEALTH DENTISTRY

APSD/SPO14/EC1860
**18 CDE
Points**

23 IAPHD
NATIONAL CONFERENCE

CERTIFICATE OF APPRECIATION

Awarded to

Dr. Vishwaprakash Shetty

.....
for *actively taking part in the scientific deliberations as a delegate* during the
23rd IAPHD National Conference held from 19th – 21st November 2019.

Dr. Pushpanjali K
President

Dr. R. K. Bali
President Emeritus

Dr. Vamsi Krishna Reddy
Hon. Gen. Secretary

Dr. Sabyasachi Saha
President Elect

Dr. Manjunath P Puranik
Scientific Committee Chair



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr. Akhil

.....
had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr Rupasree

.....
had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr. Dal Singh

.....
had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

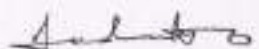
Presented to

Dr. Jacob Prakash

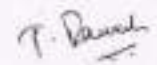
.....
had Participated and Contributed towards the success of the

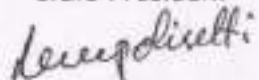
39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.



Dr. B. Sudhakar Raju
State President


Dr. K. Ajay Benarji
Hon. State Secretary


Dr. Tirnathi Ramesh
President - IDA RJY


Dr. Polisetty Naveen
Hon. Secretary - IDA RJY


Dr. K. Murali Mohan Rao
Org. Chairman


Dr. U.V.R. Chowdary
Org. Secretary

S040





Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr Ramesh

.....
had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr. Y Harika

.....
had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

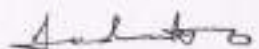
Dr. B.Lakshmana Rao

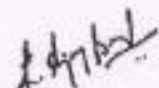
had Participated and Contributed towards the success of the

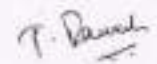
39th AP State Dental Conference

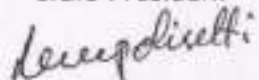
held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.



Dr. B. Sudhakar Raju
State President


Dr. K. Ajay Benarji
Hon. State Secretary


Dr. Tirnathi Ramesh
President - IDA RJY


Dr. Polisetty Naveen
Hon. Secretary - IDA RJY


Dr. K. Murali Mohan Rao
Org. Chairman


Dr. U.V.R. Chowdary
Org. Secretary

S040





Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr Narayana Rao

had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

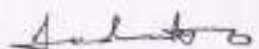
Dr. Naveen Kumar

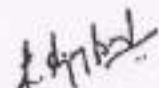
had Participated and Contributed towards the success of the

39th AP State Dental Conference

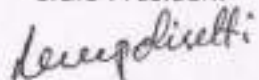
held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.



Dr. B. Sudhakar Raju
State President


Dr. K. Ajay Benarji
Hon. State Secretary


Dr. Tirnathi Ramesh
President - IDA RJY


Dr. Polisetty Naveen
Hon. Secretary - IDA RJY


Dr. K. Murali Mohan Rao
Org. Chairman


Dr. U.V.R. Chowdary
Org. Secretary

S040





Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

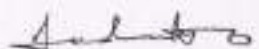
Presented to

Dr. Nibha

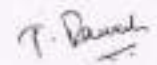
.....
had Participated and Contributed towards the success of the

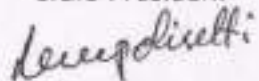
39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.



Dr. B. Sudhakar Raju
State President


Dr. K. Ajay Benarji
Hon. State Secretary


Dr. Tirnathi Ramesh
President - IDA RJY


Dr. Polisetty Naveen
Hon. Secretary - IDA RJY


Dr. K. Murali Mohan Rao
Org. Chairman


Dr. U.V.R. Chowdary
Org. Secretary

S040

CDE
12
Points
APSDC/SPD133/EC2136



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

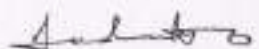
Presented to

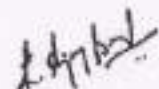
Dr Punitha

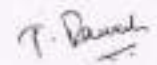
.....
had Participated and Contributed towards the success of the

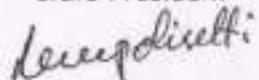
39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.



Dr. B. Sudhakar Raju
State President


Dr. K. Ajay Benarji
Hon. State Secretary


Dr. Tirnathi Ramesh
President - IDA RJY


Dr. Polisetty Naveen
Hon. Secretary - IDA RJY


Dr. K. Murali Mohan Rao
Org. Chairman


Dr. U.V.R. Chowdary
Org. Secretary

S040

CDE
12
Points
APSDC/SPD133/EC2136



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr Ramesh

.....
had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

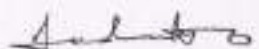
Presented to

Dr. T. Ramesh

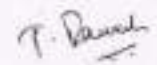
.....
had Participated and Contributed towards the success of the

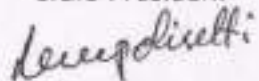
39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.



Dr. B. Sudhakar Raju
State President


Dr. K. Ajay Benarji
Hon. State Secretary


Dr. Tirnathi Ramesh
President - IDA RJY


Dr. Polisetty Naveen
Hon. Secretary - IDA RJY


Dr. K. Murali Mohan Rao
Org. Chairman


Dr. U.V.R. Chowdary
Org. Secretary

S040

CDE
12
Points
APSDC/SPD/33/EC/2136



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr Naveen Kumar

had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr Rupasree

had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

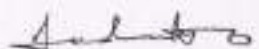
Presented to

Dr. Sirisha

.....
had Participated and Contributed towards the success of the

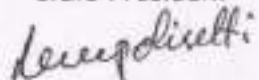
39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.



Dr. B. Sudhakar Raju
State President


Dr. K. Ajay Benarji
Hon. State Secretary


Dr. Tirnathi Ramesh
President - IDA RJY


Dr. Polisetty Naveen
Hon. Secretary - IDA RJY


Dr. K. Murali Mohan Rao
Org. Chairman


Dr. U.V.R. Chowdary
Org. Secretary

S040





Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr. Y Sravanthi

.....
had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr. Suma B C

had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

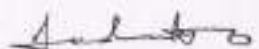
Presented to

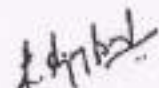
Dr. Vaishnavi

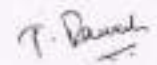
.....
had Participated and Contributed towards the success of the

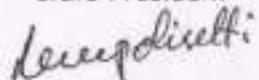
39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.



Dr. B. Sudhakar Raju
State President


Dr. K. Ajay Benarji
Hon. State Secretary


Dr. Tirnathi Ramesh
President - IDA RJY


Dr. Polisetty Naveen
Hon. Secretary - IDA RJY


Dr. K. Murali Mohan Rao
Org. Chairman


Dr. U.V.R. Chowdary
Org. Secretary

S040



Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

Chandigarh

Certificate of Attendance

presented to

Dr. Ramesh Amirisetty

for attending the 43rd National Annual Conference of Indian Society of Periodontology
held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.



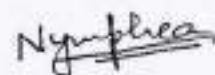
Dr. Nitin Dani
President ISP



Dr. Abhay Kolte
Hon. Secretary ISP



Dr. Ashish Jain
Conference Secretary



Dr. Nympha Pandit
Organizing Chairperson



Dr. Baljit Singh
Organizing Secretary

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

Chandigarh

Certificate of Attendance

presented to

Dr. Rupasree Gundala

*for attending the 43rd National Annual Conference of Indian Society of Periodontology
held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.*



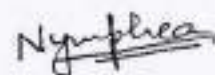
Dr. Nitin Dani
President ISP



Dr. Abhay Kolte
Hon. Secretary ISP



Dr. Ashish Jain
Conference Secretary



Dr. Nympha Pandit
Organizing Chairperson



Dr. Baljit Singh
Organizing Secretary



XII IAPHD NATIONAL PG CONVENTION - 2018

LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDY, ANDHRA PRADESH, INDIA, 533294.

Department of Public Health Dentistry



THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"

June 22nd & 23rd

CERTIFICATE OF APPRECIATION


This certificate is awarded to


Akhil

*Dr.....for
participating in the "Table Top Model Competition" at the XII National PG Convention of
Indian Association of Public Health Dentistry.*




Dr. Aruna Devi
President


Dr. Sabyasachi Saha
Hon. Gen. Secretary


Dr. Naveen Kumar B
Organizing Chairman


Dr. Narayana Rao V
Organizing Secretary



XII IAPHD NATIONAL PG CONVENTION - 2018

LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDRY, ANDHRA PRADESH, INDIA, 533294.

Department of Public Health Dentistry



THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"

June 22nd & 23rd

CERTIFICATE OF APPRECIATION

This certificate is awarded to

D C Naidu

*Dr.....for
participating in the "Table Top Model Competition" at the XII National PG Convention of
Indian Association of Public Health Dentistry.*



M. Aruna Devi
Dr. Aruna Devi
President

Sabyasachi Saha
Dr. Sabyasachi Saha
Hon. Gen. Secretary

Naveen Kumar B
Dr. Naveen Kumar. B
Organizing Chairman

Narayana Rao V
Dr. Narayana Rao. V
Organizing Secretary



XII IAPHD NATIONAL PG CONVENTION - 2018

LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDY, ANDHRA PRADESH, INDIA, 533294.

Department of Public Health Dentistry



THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"

June 22nd & 23rd


CERTIFICATE OF APPRECIATION





This certificate is awarded to

Jacob Prakash

*Dr.....for
participating in the "Table Top Model Competition" at the XII National PG Convention of
Indian Association of Public Health Dentistry.*


Dr. Aruna Devi
President


Dr. Sabyasachi Saha
Hon. Gen. Secretary


Dr. Naveen Kumar. B
Organizing Chairman


Dr. Narayana Rao. V
Organizing Secretary



XII IAPHD NATIONAL PG CONVENTION - 2018

LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDY, ANDHRA PRADESH, INDIA, 533294.

Department of Public Health Dentistry



THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"

June 22nd & 23rd


CERTIFICATE OF APPRECIATION





This certificate is awarded to

B. Lakshman Rao

*Dr. for
participating in the "Table Top Model Competition" at the XII National PG Convention of
Indian Association of Public Health Dentistry.*


Dr. Aruna Devi
President


Dr. Sabyasachi Saha
Hon. Gen. Secretary


Dr. Naveen Kumar B
Organizing Chairman


Dr. Narayana Rao V
Organizing Secretary



XII IAPHD NATIONAL PG CONVENTION - 2018

LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDY, ANDHRA PRADESH, INDIA, 533294.

Department of Public Health Dentistry



THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"

June 22nd & 23rd

CERTIFICATE OF APPRECIATION





This certificate is awarded to

Dr Narendra

*Dr.....for
participating in the "Table Top Model Competition" at the XII National PG Convention of
Indian Association of Public Health Dentistry.*


Dr. Aruna Devi
President


Dr. Sabyasachi Saha
Hon. Gen. Secretary


Dr. Naveen Kumar.B
Organizing Chairman


Dr. Narayana Rao.V
Organizing Secretary



XII IAPHD NATIONAL PG CONVENTION - 2018

LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDY, ANDHRA PRADESH, INDIA, 533294.

Department of Public Health Dentistry



THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"

June 22nd & 23rd


CERTIFICATE OF APPRECIATION





This certificate is awarded to

Naveen Kumar

Dr.....for
participating in the "Table Top Model Competition" at the XII National PG Convention of
Indian Association of Public Health Dentistry.


Dr. Aruna Devi
President


Dr. Sabyasachi Saha
Hon. Gen. Secretary


Dr. Naveen Kumar.B
Organizing Chairman


Dr. Narayana Rao.V
Organizing Secretary



XII IAPHD NATIONAL PG CONVENTION - 2018

LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDY, ANDHRA PRADESH, INDIA, 533294.

Department of Public Health Dentistry



THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"


June 22nd & 23rd


CERTIFICATE OF APPRECIATION




This certificate is awarded to
Vishwa prakash shetty

Dr.....for
participating in the "Table Top Model Competition" at the XII National PG Convention of
Indian Association of Public Health Dentistry.


Dr. Aruna Devi
President


Dr. Sabyasachi Saha
Hon. Gen. Secretary


Dr. Naveen Kumar. B
Organizing Chairman


Dr. Narayana Rao. V
Organizing Secretary



43rd Annual Conference of
Association of Oral and Maxillofacial Surgeons of India (AOMSI)



1st INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE

VENUE : Chennai Trade Center, Nandambakkam, Chennai

Date: 11 12 13 October 2018

Certificate of Appreciation

Presented to

DR. DAL SINGH . V

for being a **Judge** in the **E - Poster Session**
at the **43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference**
held on **11th to 13th October 2018** at **Chennai**.
We appreciate your contribution to the success of this conference.

DR. PHILIP MATHEW
President, AOMSI

DR. PRITHAM N SHETTY
Secretary, AOMSI

DR. R. S. NEELAKANDAN
Conference Secretary

DR. GUNASEELAN RAJAN
Organising Chairman

DR. S. RAMKUMAR
Organising Secretary

DR. M. VEERABAHU
Chairman, Scientific Committee



43rd Annual Conference of
Association of Oral and Maxillofacial Surgeons of India (AOMSI)



1st INDO-JAPAN OMS CONFERENCE
INNOVATE, INSPIRE, INTEGRATE

VENUE : Chennai Trade Center, Nandambakkam, Chennai

Date: **11 12 13** October 2018

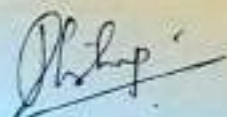
Certificate of Attendance


Presented to

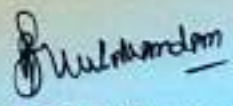
DR. DAL SINGH. V

has participated and contributed towards the success of the
43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference
held on **11th to 13th October 2018** at **Chennai Trade Center, Chennai.**

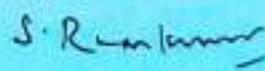



DR. PHILIP MATHEW
President, AOMSI


DR. PRITHAM N SHETTY
Secretary, AOMSI


DR. R. S. NEELAKANDAN
Conference Secretary


DR. GUNASEELAN RAJAN
Organising Chairman


DR. S. RAMKUMAR
Organising Secretary



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr. Minorbabu

.....
had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary

S040

CDE
12
Points
APSDC/SPD/33/EC/2136



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr. Satyam

.....
had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary

S040

CDE
12
Points
APSDC/SPD/33/EC/2136



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr Punitha

.....
had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at
Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

Dr. U.V.R. Chowdary
Org. Secretary



S040

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

Chandigarh

Certificate of Attendance

presented to

Dr. Ramesh Amirisetty

for attending the 43rd National Annual Conference of Indian Society of Periodontology
held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.



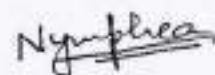
Dr. Nitin Dani
President ISP



Dr. Abhay Kolte
Hon. Secretary ISP



Dr. Ashish Jain
Conference Secretary



Dr. Nympha Pandit
Organizing Chairperson



Dr. Baljit Singh
Organizing Secretary

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

Chandigarh

Certificate of Attendance

presented to

Dr. Rupasree Gundala

*for attending the 43rd National Annual Conference of Indian Society of Periodontology
held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.*



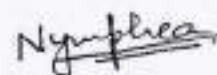
Dr. Nitin Dani
President ISP



Dr. Abhay Kolte
Hon. Secretary ISP



Dr. Ashish Jain
Conference Secretary



Dr. Nympha Pandit
Organizing Chairperson



Dr. Baljit Singh
Organizing Secretary



46TH INDIAN PROSTHODONTIC
SOCIETY CONFERENCE
MANGALORE, KARNATAKA, INDIA

CERTIFICATE OF PARTICIPATION

Presented to

Dr. T. Mohan

for having attended and contributed
towards the success of the
46TH IPS CONFERENCE
held in Mangalore, Karnataka, India
from 15th to 18th November 2018

K. N. Krishnath
Dr. Krishnath K R
President, IPS

V. Rangarajan
Dr. V Rangarajan
Secretary & Treasurer, IPS

Chetan Hegde
Dr. Chetan Hegde
Chairman

Manoj Shetty
Dr. Manoj Shetty
Secretary & Treasurer

Sarath Shetty
Dr. Sarath Shetty
Scientific Chairman



701



REDEFINING PRECISION

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

Chandigarh

Certificate of Attendance

presented to

Dr. Ramesh Amirisetty

for attending the 43rd National Annual Conference of Indian Society of Periodontology
held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.



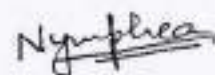
Dr. Nitin Dani
President ISP



Dr. Abhay Kolte
Hon. Secretary ISP



Dr. Ashish Jain
Conference Secretary



Dr. Nympha Pandit
Organizing Chairperson



Dr. Baljit Singh
Organizing Secretary

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

Chandigarh

Certificate of Attendance

presented to

Dr. Rupasree Gundala

*for attending the 43rd National Annual Conference of Indian Society of Periodontology
held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.*



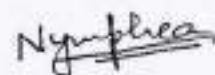
Dr. Nitin Dani
President ISP



Dr. Abhay Kolte
Hon. Secretary ISP



Dr. Ashish Jain
Conference Secretary



Dr. Nympha Pandit
Organizing Chairperson



Dr. Baljit Singh
Organizing Secretary

Financial Support Request Letter

1. Name of the Staff Member : Dr. Akhil
2. Designation : senior Lecturer
3. Department : of public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
33rd IAPHD National Conference.
5. Date and Duration of the Program : 19/11/19 to 21/11/19.
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Akhil
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: Oliti
3. Recommendations of the Principal : Lenora

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/19

Debit to Dr. Akhil

Paid to Dr. Akhil a sum of Rs. 5000/-

Rupees five thousand rupees only Only

towards 23rd IAPHD National conference

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by



LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, Pin: 0883-2484492 Fax: 0883-2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jacob Prakash
2. Designation : Professor
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
23rd IAPRD National conferences
5. Date and Duration of the Program : 19/11/23 to 21/11/23
6. Associating professional body/ Agency: IAPRD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. N. N. N.
2. Recommendations of the IQAC: A. C. C.
3. Recommendations of the Principal : A. C. C.

Sanctioned/Not Sanctioned

Account Department

Accountant : S. P.

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/19

Debit to Dr. Jacob Prakash

Paid to Dr. Jacob Prakash a sum of Rs. 5000/-

Rupees five thousand rupees Only

towards 23rd IAPHD National conference

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (DL), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883-2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Narayana Rao
2. Designation : Professor
3. Department : of conservative and endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
23rd IAPHD National conference
5. Date and Duration of the Program : 19/11/19 to 21/11/19
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Narayana
Signature of the Staff Member

1. Recommendations of the HoD : _____

2. Recommendations of the IQAC: S. Nisank

3. Recommendations of the Principal : _____

Sanctioned Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/19

Debit to Dr. Narayana Rao

Paid to Dr. Narayana Rao a sum of Rs. 5000/-

Rupees five thousand rupees Only

towards 23rd IAPHD National conference

by Cheque / DD / Cash 5000/-

By
Paid by

Sarg
Approved by

Re
Accountant

Narayana Rao
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Naveen Kumar
2. Designation : Professor & HoD
3. Department : of Public Health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
23rd National IAPHD conference
5. Date and Duration of the Program : 30/11/18 - 2/12/18
6. Associating professional body/ Agency:
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD: [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 22/11/18.

Debit to Dr. Naveen Kumar

Paid to Dr. Naveen Kumar a sum of Rs. 5100/-

Rupees five thousand and one hundred Rupees Only

towards 23rd National IDPHD Conference

by Cheque / DD / Cash 5100/-

je
Paid by

je
Approved by

je
Accountant

Naveen
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (DL), AP, India.

Web: www.lids.ac.in E-Mail: lidsrajahmundry@gmail.com PH: 0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vishwaprakash Shetty
2. Designation : Professor & HoD
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details : 23rd IAPHD National conference
5. Date and Duration of the Program : 19/11/19 to 21/11/23
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Vishwaprakash Shetty
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: S. Nisanth
3. Recommendations of the Principal : S. Nisanth

S. Nisanth
Sanctioned/Not Sanctioned

Account Department

Accountant : S. Nisanth

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES
NH-16, RAJANAGARAM, Rajamahendravaram - 533294.
Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/19

Debit to Dr. Vishwaprakash Shetty

Paid to Dr. Vishwaprakash Shetty a sum of Rs. 5000/-

Rupees five thousand rupees Only

towards 23rd IAPHD National conference

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Akhil
2. Designation : Senior Lecturer
3. Department : of Public Health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
9th AP state Dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP State Dental conference
7. Financial support particulars (Rs.) : 1500/-
 - i. Registration Charges :
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: A. V. S.
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr-Akhil

Paid to Dr-Akhil a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP State Dental conference

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by



LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Rupasree
2. Designation : Reader
3. Department : of periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP state dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Signature of the Staff Member

1. Recommendations of the HoD :

2. Recommendations of the IQAC :

3. Recommendations of the Principal :

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Rupasree

Paid to Dr. Rupasree a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP state Dental conference

by Cheque / DD / Cash 1500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajamundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Dal Singh
2. Designation : Professor & HoD
3. Department : of Oral maxillofacial surgery
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP state dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
7. Financial support particulars (Rs.) : 1
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date: _____

Dal Singh
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisank
2. Recommendations of the IQAC : A. Lili
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant

Date: _____



KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Dal Singh

Paid to Dr Dal Singh a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP State Dental Conference

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jacob Prakash
2. Designation : Professor
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP state dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Jacob Prakash
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: S. Nisanth
3. Recommendations of the Principal : S. Nisanth

S. Nisanth
Sanctioned/Not Sanctioned

Account Department

Accountant : S. Nisanth

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 9/12/18

Debit to Dr Jacob prakash

Paid to Dr Jacob prakash a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP State Dental Conference

by Cheque / DD / Cash 1500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

Jacob prakash
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Y. Harika
2. Designation : Senior Lecturer
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP State dental conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: _____
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 1400/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : _____

Date: _____

Harika
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 30/11/18

Debit to Dr. Y Hanika

Paid to Dr. Y Hanika a sum of Rs. 1400/-

Rupees one thousand and four hundred Rupees Only

towards 39th AP State dental Conference

by Cheque / DD / Cash 1400/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Lakshman Rao
2. Designation : HoD & Professor
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP State dental conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: _____
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 3000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Lakshman Rao
Signature of the Staff Member

1. Recommendations of the HoD : Lakshman Rao
2. Recommendations of the IQAC: Asst
3. Recommendations of the Principal : Asst

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. B Lakshman rao

Paid to Dr. B Lakshman rao a sum of Rs. 3000/-

Rupees three thousand Rupees Only

towards 39th AP state dental Conference.

by Cheque / DD / Cash 3000/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Narayana Rao
2. Designation : Professor
3. Department : Of Conservative & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP State Dental Conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state Dental conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Signature of the Staff Member

1. Recommendations of the HoD : S. Nikanth
2. Recommendations of the IQAC: S. Citi
3. Recommendations of the Principal : Ramji

Sanctioned/ Not Sanctioned

Account Department

Accountant : S.

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Narayana Rao

Paid to Dr. Narayana Rao a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP state Dental conference

by Cheque / DD / Cash 1500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Naveen kumar
2. Designation : Professor & HOD
3. Department : of public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP dental conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: S. Lili
3. Recommendations of the Principal :

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Naveenkumar

Paid to Dr. Naveen kumar a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th Ap Dental Confluence

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. NIBHA
2. Designation : Professor
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP State dental conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: _____
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 1400/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Nibha


Paid to Dr. Nibha a sum of Rs. 1400/-

Rupees one thousand and four hundred Rupees Only

towards 39th Ap. State dental Conference

by Cheque / DD / Cash 1400/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Punitha
2. Designation : Professor
3. Department : of Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP State Dental Conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state Dental Conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. Misra
2. Recommendations of the IQAC: S. Lini
3. Recommendations of the Principal :

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES
NH-16, RAJANAGARAM, Rajamahendravaram - 533294.
Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Punitha

Paid to Dr. Punitha a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP dental conference

by Cheque / DD / Cash 1500/-

By
Paid by

Car
Approved by

Pr
Accountant

Punitha
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ramesh
2. Designation : Professor & HoD
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP dental conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Ramesh
Signature of the Staff Member

1. Recommendations of the HoD : _____
2. Recommendations of the IQAC: S. Niseth
3. Recommendations of the Principal : _____

Sanctioned
Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr Ramesh

Paid to Dr Ramesh a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP dental conference

by Cheque / DD / Cash 1500/-

By
Paid by

Sany
Approved by

AB
Accountant

Ramesh
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (DL), AP, India.

Web: www.lids.ac.in E-Mail: lidsrajamundry@gmail.com PH: 0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. T. Ramesh
2. Designation : Senior Lecturer
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP dental conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Ramesh
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: R. Lili
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. T. Ramesh

Paid to Dr. T. Ramesh a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP dental Conference

by Cheque / DD / Cash 1500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Naveen Kumar
2. Designation : Professor
3. Department : of Public Health Dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP state Dental Conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: Ap state dental conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Signature of the Staff Member

1. Recommendations of the HoD : _____
2. Recommendations of the IQAC: _____
3. Recommendations of the Principal : _____

Sanctioned/ Not Sanctioned

Account Department

Accountant : _____

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Naveen Kumar

Paid to Dr. Naveen Kumar a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP dental conference

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by



LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in E-Mail: lidsrajahmundry@gmail.com PH:0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Rupasree
2. Designation : Reader
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP state dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: A.P state dental conference
7. Financial support particulars (Rs.) : 1500/-
 - i. Registration Charges :
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Rupasree
Signature of the Staff Member

1. Recommendations of the HoD :

S. Nisadh

2. Recommendations of the IQAC:

Q. Ali

3. Recommendations of the Principal :

Amey

Sanctioned/ Not Sanctioned

Account Department

Accountant :

[Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Rupasree

Paid to Dr. Rupasree a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP state Dental conference

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Srisha
2. Designation : Senior Lecturer
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP State dental conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: _____
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

[Signature]
Signature of the Staff Member

1. Recommendations of the HoD : *[Signature]*
2. Recommendations of the IQAC : *[Signature]*
3. Recommendations of the Principal : *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 1/12/18

Debit to Dr. Liricha

Paid to Dr. Liricha a sum of Rs. 1500/-

Rupees one thousand and five hundred Rupees Only

towards 39th Ap State dental Conference

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Y. Sravanthi
2. Designation : Senior Lecturer
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP State Dental Conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: _____
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Sravanthi
Signature of the Staff Member

1. Recommendations of the HoD: [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant: [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 30/11/18

Debit to Dr. Y. Lavanthi

Paid to Dr. Y. Lavanthi a sum of Rs. 1500/-

Rupees one thousand and five hundred Rupees Only

towards 39th AP State Dental Conference

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Suma B.C.
2. Designation : Senior Lecturer
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP State Dental Conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: _____
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 1300/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Suma
Signature of the Staff Member

1. Recommendations of the HoD : Jayaprakash
2. Recommendations of the IQAC : Shibi
3. Recommendations of the Principal : Chiranjeevi

Sanctioned/ Not Sanctioned

Account Department

Accountant : AS

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Luma BC

Paid to Dr. Luma BC a sum of Rs. 1300/-

Rupees one thousand and three hundred Rupees Only

towards 39th Ap State dental Conference

by Cheque / DD / Cash 1300/-


Paid by


Approved by


Accountant


Received by



LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vaishnavi
2. Designation : Reader
3. Department : of Oral & Maxillofacial surgery
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
89th AP state dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Vaishnavi
Signature of the Staff Member

1. Recommendations of the HoD : *S. Nisanth*
2. Recommendations of the IQAC : *S. Jelli*
3. Recommendations of the Principal : *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Vaishnavi

Paid to Dr. Vaishnavi a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

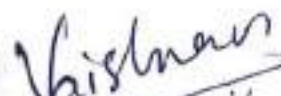
towards 39th Ap state Dental Conference

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by



LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (DL), AP, India.

Web: www.lids.ac.in E-Mail: lidsrajahmundry@gmail.com PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ramesh Aminisetty
2. Designation : Professor & HOD
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
43rd National Annual conference
5. Date and Duration of the Program : 5/10/18 to 7/10/18
6. Associating professional body/ Agency: National Annual conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Ramesh
Signature of the Staff Member

1. Recommendations of the HoD : S. Nishanth
2. Recommendations of the IQAC: R. Vee
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/9/18

Debit to Dr. Ramesh Aminisetty

Paid to Dr. Ramesh Aminisetty a sum of Rs. 5500/-

Rupees five thousand five hundred ^{rupees} only Only

towards 43rd National Annual Conference

by Cheque / DD / Cash 5500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by



LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajamundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Rupasree Gundala
2. Designation : Reader
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
43rd National Annual conference
5. Date and Duration of the Program : 5/10/18 to 7/10/18
6. Associating professional body/ Agency: National Annual conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Rupasree
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: S. Nisanth
3. Recommendations of the Principal : S. Nisanth

S. Nisanth
Sanctioned/ Not Sanctioned

Account Department

Accountant : S. Nisanth

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES
NH-16, RAJANAGARAM, Rajamahendravaram - 533294.
Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/9/18

Debit to Dr. Rupasree Gundala

Paid to Dr. Rupasree Gundala a sum of Rs. 5500/-

Rupees five thousand five hundred rupees Only

towards 43rd National Annual Conference

by Cheque / DD / Cash 5500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsraja@gmail.com, PH: 0883-2484492 Fax: 0883-2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Akhil
2. Designation : Senior Lecturer
3. Department : Dept. of public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
12th IAPHD National Pg. convention
5. Date and Duration of the Program : 22/6/18 to 23/6/18
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 4000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Signature of the Staff Member

1. Recommendations of the HoD:

2. Recommendations of the IQAC:

3. Recommendations of the Principal:

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr Akhil

Paid to Dr Akhil a sum of Rs. 4000/-

Rupees four thousand rupees Only

towards 12th IAPHD National PG convention

by Cheque / DD / Cash 4000/-

Akhil
Paid by

Sany
Approved by

RD
Accountant

Akhil
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. DC Naidu
2. Designation : Reader
3. Department : of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
12th IAPHQ National PG Conference
5. Date and Duration of the Program : 22/6/18 - 23/6/18
6. Associating professional body/ Agency: _____
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 5500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Signature of the Staff Member Abh

1. Recommendations of the HoD: Pavan
2. Recommendations of the IQAC: Abh
3. Recommendations of the Principal: Ans

Sanctioned/ Not Sanctioned

Account Department

Accountant : S

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. DC Naidu

Paid to Dr. DC Naidu a sum of Rs. 5500/-

Rupees five thousand and five hundred Rupees Only

towards 12th IAPHD national PG convention

by Cheque / DD / Cash 5500/-

Paid by

Approved by

Accountant

Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jacob prakash
2. Designation : Professor
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
12th IAPHD National PG convention
5. Date and Duration of the Program : 22/6/18 to 23/6/18
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 4000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Jacob Prakash
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: S. Lile
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. Jawb Prakash

Paid to Dr. Jawb Prakash a sum of Rs. 4000/-

Rupees four thousand rupees Only

towards 12th IAPHD National PH convention

by Cheque / DD / Cash 4000/-

Pay
Paid by

Sanjay
Approved by

B
Accountant

Jawb Prakash
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (DL), AP, India.

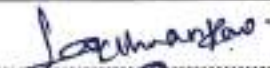
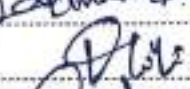
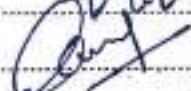
Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Lakshman Rao.
2. Designation : Professor & HOD.
3. Department : of Prosthodontics.
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
12th IAPHO national PG Convention.
5. Date and Duration of the Program : 22/6/18 - 23/6/18.
6. Associating professional body/ Agency:
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:


Signature of the Staff Member

1. Recommendations of the HoD : 
2. Recommendations of the IQAC : 
3. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. B. Lakshman Rao

Paid to Dr. B. Lakshman Rao a sum of Rs. 5500/-

Rupees Five thousand five hundred rupees Only


towards 12th IAPHD National PG Convention

by Cheque / DD / Cash 5500/-


Paid by


Approved by


Accountant


Received by

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. B. Lakshman Rao

Paid to Dr. B. Lakshman Rao a sum of Rs. 5500/-

Rupees Five thousand five hundred rupees Only

towards 12th IAPHD National PG Convention

by Cheque / DD / Cash 5500/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Narayana Rao
2. Designation : Professor
3. Department : of conservative and endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
12th IAPAD National PG convention
5. Date and Duration of the Program : 22/6/18 to 23/6/18
6. Associating professional body/ Agency: IAPAD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 4000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Narayana
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: S. Lili
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. Narayana Rao

Paid to Dr. Narayana Rao a sum of Rs. 4000/-

Rupees four thousand rupees Only

towards 12th IAPHD National PG convention

by Cheque / DD / Cash 4000/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

Narayana Rao
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in E-Mail: lidsrajahmundry@gmail.com PH: 0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Narendhra.
2. Designation : Reader.
3. Department : of Prosthodontics.
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
12th IAPHO national PG Convention.
5. Date and Duration of the Program : 22/6/18 - 23/6/18.
6. Associating professional body/ Agency: _____
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 5500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Narendhra
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]

2. Recommendations of the IQAC: [Signature]

3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 16/6/18

Debit to Dr. Narendra

Paid to Dr. Narendra a sum of Rs. 5500/-

Rupees five thousand five hundred Rupees Only

towards 12th IAPHD national PG Convention

by Cheque / DD / Cash 5500/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.
Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. DAL Singh V
2. Designation : prof & HOD
3. Department : Oral & Maxillofacial Surgery
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
1st India - Japan OMS conference.
5. Date and Duration of the Program : 11th to 13th October 2018
6. Associating professional body/ Agency: AOMSP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

V. Dal Singh
Signature of the Staff Member

1. Recommendations of the HoD : V. Dal Singh
2. Recommendations of the IQAC : K. Sri Devi
3. Recommendations of the Principal : _____

Sanctioned / Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 3/10/2018

Debit to Dr. V. Dal Singh

Paid to Dr. V. Dal Singh a sum of Rs. 7000/-

Rupees Seven thousand Rupees only Only

towards 1st INDO - JAPAN CONFERENCE -

by Cheque / DD / Cash 7000/-

M
Paid by

Sag
Approved by

Ra
Accountant

Dal Singh
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. T. Mohan
2. Designation : professor
3. Department : prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
46th Indian prosthodontic Society
conference
5. Date and Duration of the Program : 15th to 18th Nov 2018
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5330/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

Tub
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC : [Signature]
3. Recommendations of the Principal : [Signature]

[Signature]
Sanctioned/Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 10/11/2018

Debit to Dr. T. Mohan

Paid to Dr. T. Mohan a sum of Rs. 5332/-

Rupees Five thousand three hundred and thirty rupees Only

towards 46th National Conference of IPS, Mangalore.

by Cheque / DD / Cash 5332/-

Paid by

Self
Approved by

Raj
Accountant

K. Mohan
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Rupasree
2. Designation : Reader
3. Department : periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
43rd National Annual Conference
5. Date and Duration of the Program : 5-7 October 2019
6. Associating professional body/ Agency: ISP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 26661/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

G. Rupasree
Signature of the Staff Member

1. Recommendations of the HoD : G. Rupasree
2. Recommendations of the IQAC: K. M. L.
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/9/18

Debit to Dr. Rupasree . G

Paid to Dr. Rupasree . G a sum of Rs. 2666/-

Rupees Two thousand six hundred and sixty six Only

towards 43rd National Conference of ISP, Chandigarh

by Cheque / DD / Cash 2666/-

Dr. H.
Paid by

Singh
Approved by

Doi
Accountant

Rupasree
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. A. Ramush
2. Designation : prof & HoD
3. Department : periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
43rd National Annual Conference
5. Date and Duration of the Program : 5 to 7 october 2018
6. Associating professional body/ Agency: isp
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2666/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : Dr. A. Ramush
2. Recommendations of the IQAC : R. N. Devi
3. Recommendations of the Principal : [Signature]

Sanctioned / Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/9/18

Debit to Dr. Ramesh. A

Paid to Dr. Ramesh. A a sum of Rs. 2666/-

Rupees Two thousand and six hundred and sixty six rupees Only

towards 43rd National Conference of I.S.P. Chandigarh

by Cheque / DD / Cash 2666/-

Paid by

Approved by

Accountant

Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. S. Jayam
2. Designation : Reader
3. Department : pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th APSDC
5. Date and Duration of the Program : 7th to 11th Dec 2018
6. Associating professional body/ Agency: APSDC/SPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Dr. M. S. Jayam
Signature of the Staff Member

1. Recommendations of the HoD : M. S. Jayam
2. Recommendations of the IQAC : K. R. Reddy
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/2018

Debit to Dr. M. Satyam

Paid to Dr. M. Satyam a sum of Rs. 1500/-

Rupees fifty hundred rupees only Only

towards 39th APSD Conference

by Cheque/DD/Cash _____

Paid by

Caeyr
Approved by

Dal
Accountant

Satyam
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Indrababu
2. Designation : professor
3. Department : pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP state Dental conference
5. Date and Duration of the Program : 7 to 9 Dec 2018
6. Associating professional body/ Agency: APSDC
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

M. Indrababu
Signature of the Staff Member

1. Recommendations of the HoD : _____
2. Recommendations of the IQAC: K. Sridhar
3. Recommendations of the Principal : _____

Sanctioned Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/2018

Debit to Dr. Minol Babu

Paid to 1500/- Dr. Minol Babu a sum of Rs. 1500/-

Rupees Fifteen hundred Rupees only Only

towards 39th APSA conference

by Cheque/DD/Cash


Paid by


Approved by


Accountant


Received by